

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 12/14/01 2 Serial/Patent # 09/700,561

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	5	9/26/01	\$ 130.00							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 130.00								
		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	Treasury Check									
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1"><tr><td>1</td><td>6</td><td>--</td><td>2</td><td>4</td><td>8</td><td>0</td></tr></table>			1	6	--	2	4	8	0
1	6	--	2	4	8	0					
10 REASON:											
11 REFUND REQUESTED BY: <u>S. Unger</u>											
TYPED/PRINTED NAME: <u>Susan Unger</u>		TITLE: <u>Primary Examiner</u>									
SIGNATURE: <u>Susan Unger</u>		PHONE: <u>703-305-1645</u>									
OFFICE: <u>Patents</u>											
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APPROVED: <u>Alicia Kelly</u>		DATE: <u>1-18-02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B